

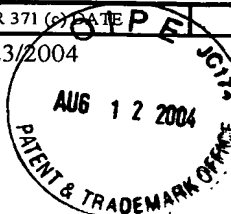


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|                                  |                                      |  |  |
|----------------------------------|--------------------------------------|--|--|
| APPLICATION NUMBER<br>10/782,943 | FILING OR 371 (P) DATE<br>02/23/2004 | FIRST NAMED APPLICANT<br>Janet Kay Robertson | ATTORNEY OR AGENT NUMBER<br>118434-00101 |
|----------------------------------|--------------------------------------|--|--|

27557  
BLANK ROME LLP  
600 NEW HAMPSHIRE AVENUE, N.W.  
WASHINGTON, DC 20037



CONFIRMATION NO. 7667

FORMALITIES LETTER



\*OC000000012664336\*

Date Mailed: 05/14/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$65 for a Small Entity

- \$65 Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**DOCKETED**  
118434.0101  
MAY 17 2004 KAS  
Due Date 7.14.04  
Action Due 11.14.04

*A copy of this notice **MUST** be returned with the reply.*

08/13/2004 EABUBAK1 00000014 10782943

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65.00 DP

L. Van

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Customer Service Center

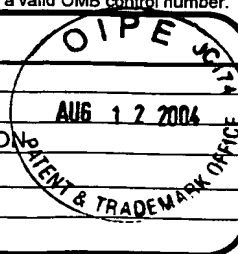
Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY

# FEE TRANSMITTAL for FY 2004

Effective 10/10/2003. Patent fees are subject to annual revision.

## Complete If Known



☒ Applicant claims small entity status. See 37 CFR 1.27 120.00

TOTAL AMOUNT OF PAYMENT (\$) ~~105.00~~

Application Number 10/782,943  
Filing Date February 23, 2004  
First Named Inventor Janet Kay ROBERTSON  
Examiner Name To be assigned  
Art Unit 1753  
Attorney Docket No. 118434-00101

| METHOD OF PAYMENT (check all that apply)   |              |                |          | FEE CALCULATION (continued)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
|--|--------------|----------------|----------|---|----------|--------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|-----|------|-----|-------------------------------------|---------|-----------------------------------|----|------|-----|--|-----|---------------------------------------|-----|------|-----|---------------------------|-----|--|-------|------|-------|--|----|--|------|---------------------|------|--|--|------|--------|--|--------|---|--|----------------|-----|----------|--------------|--|---------|------|-----|------|-----|---|---|------|-----|------|-----|--|--------------------|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|----|------|-----|---|--|------|----|------|-----|---|--|---------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number 23-2185<br>Deposit Account Name Blank Rome LLP   |              |                |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$65.00</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$55.00</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>77</td> <td>2810</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>90</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (Specify) _____</td> </tr> </tbody> </table> |          |              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130 | 2051 | 65  | Surcharge - late filing fee or oath | \$65.00 | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 1053                                  | 130 | 1053 | 130 | Non-English specification |     | 1812   | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804   | 920* | 1804                | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805   | 1,840* | Requesting publication of SIR after Examiner action |  | 1251           | 110 | 2251     | 55           | Extension for reply within first month | \$55.00 | 1252 | 420 | 2252 | 210 | Extension for reply within second month |   | 1253 | 950 | 2253 | 475 | Extension for reply within third month |                    | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 77 | 2810 | 385 | Request for Continued Examination (RCE) |  | 1802 | 90 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (Specify) _____ |  |  |  |  |  |
| Large Entity   |              | Small Entity   |          | Fee Description   | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1051   | 130          | 2051           | 65       | Surcharge - late filing fee or oath   | \$65.00  |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1052   | 50           | 2052           | 25       | Surcharge - late provisional filing fee or cover sheet  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1053   | 130          | 1053           | 130      | Non-English specification   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1812   | 2,520        | 1812           | 2,520    | For filing a request for <i>ex parte</i> reexamination  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1804   | 920*         | 1804           | 920*     | Requesting publication of SIR prior to Examiner action  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1805   | 1,840*       | 1805           | 1,840*   | Requesting publication of SIR after Examiner action   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1251   | 110          | 2251           | 55       | Extension for reply within first month  | \$55.00  |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1252   | 420          | 2252           | 210      | Extension for reply within second month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1253   | 950          | 2253           | 475      | Extension for reply within third month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1254   | 1,480        | 2254           | 740      | Extension for reply within fourth month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1255   | 2,010        | 2255           | 1,005    | Extension for reply within fifth month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1401   | 330          | 2401           | 165      | Notice of Appeal  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1402   | 330          | 2402           | 165      | Filing a brief in support of an appeal  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1403   | 290          | 2403           | 145      | Request for oral hearing  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1451   | 1,510        | 1451           | 1,510    | Petition to institute a public use proceeding   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1452   | 110          | 2452           | 55       | Petition to revive - unavoidable  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1453   | 1,330        | 2453           | 665      | Petition to revive - unintentional  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1501   | 1,330        | 2501           | 665      | Utility issue fee (or reissue)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1502   | 480          | 2502           | 240      | Design issue fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1503   | 640          | 2503           | 320      | Plant issue fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1460   | 130          | 1460           | 130      | Petitions to the Commissioner   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1807   | 50           | 1807           | 50       | Processing fee under 37 CFR 1.17(q)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1806   | 180          | 1806           | 180      | Submission of Information Disclosure Stmt   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 8021   | 40           | 8021           | 40       | Recording each patent assignment per property (times number of properties)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1809   | 770          | 2809           | 385      | Filing a submission after final rejection (37 CFR 1.129(a))   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1810   | 770          | 2810           | 385      | For each additional invention to be examined (37 CFR 1.129(b))  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1801   | 77           | 2810           | 385      | Request for Continued Examination (RCE)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1802   | 90           | 1802           | 900      | Request for expedited examination of a design application   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Other fee (Specify) _____  |              |                |          |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$)</td> </tr> </tbody> </table>   |              |                |          | Large Entity  |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1001     | 770      | 2001     | 385      | Utility filing fee     |     | 1002 | 340 | 2002                                | 170     | Design filing fee                 |    | 1003 | 530 | 2003   | 265 | Plant filing fee                      |     | 1004 | 770 | 2004                      | 385 | Reissue filing fee                                 |       | 1005 | 160   | 2005   | 80 | Provisional filing fee                                 |      | <b>SUBTOTAL (1)</b> |      |  |  |      | (\$)   | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>**</td> <td>-20</td> <td>X</td> <td>0</td> </tr> <tr> <td>3</td> <td>**</td> <td>-3</td> <td>X</td> <td>0</td> </tr> <tr> <td colspan="5">Multiple Dependent</td> </tr> </tbody> </table> |        |   |  | Fee from below |     | Fee Paid | Total Claims | Extra Claims                           |         |      | 20  | **   | -20 | X                                       | 0 | 3    | **  | -3   | X   | 0                                      | Multiple Dependent |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Large Entity   |              | Small Entity   |          | Fee Description   | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1001   | 770          | 2001           | 385      | Utility filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1002   | 340          | 2002           | 170      | Design filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1003   | 530          | 2003           | 265      | Plant filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1004   | 770          | 2004           | 385      | Reissue filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1005   | 160          | 2005           | 80       | Provisional filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |              |                |          |   | (\$)     |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
|  |              | Fee from below |          | Fee Paid  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Total Claims   | Extra Claims |                |          |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 20   | **           | -20            | X        | 0   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 3  | **           | -3             | X        | 0   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent   |              |                |          |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> </tr> </tbody> </table> |              |                |          | Large Entity  |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1202     | 18       | 2202     | 9        | Claims in excess of 20 |     | 1201 | 86  | 2201                                | 43      | Independent claims in excess of 3 |    | 1203 | 290 | 2203   | 145 | Multiple dependent claim, if not paid |     | 1204 | 86  | 2204                      | 43  | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9  | ** Reissue claims in excess of 20 over original patent |      | <b>SUBTOTAL (2)</b> |      |  |  |      | (\$)   | <b>SUBTOTAL (3)</b> <span style="float: right;">(\$)</span> 120.00<br><small>* Reduced by Basic Filing Fee Paid</small>  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Large Entity   |              | Small Entity   |          | Fee Description   | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1202   | 18           | 2202           | 9        | Claims in excess of 20  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1201   | 86           | 2201           | 43       | Independent claims in excess of 3   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1203   | 290          | 2203           | 145      | Multiple dependent claim, if not paid   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1204   | 86           | 2204           | 43       | ** Reissue independent claims over original patent  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| 1205   | 18           | 2205           | 9        | ** Reissue claims in excess of 20 over original patent  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |              |                |          |   | (\$)     |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |         |                                   |    |      |     |  |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |        |  |        |   |  |                |     |          |              |  |         |      |     |      |     |   |   |      |     |      |     |  |                    |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |     |   |  |      |    |      |     |   |  |                           |  |  |  |  |  |

| SUBMITTED BY            |  | (Complete (if applicable))        |              |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Janet Kay ROBERTSON

Serial No: 10/782,943

Filed: February 23, 2004

For: HIGH THROUGHPUT SCREENING (HTS) METHOD AND APPARATUS FOR MONITORING ION CHANNELS

GAU: 1753

Confirmation No. 7667

Examiner: To be assigned

**RESPONSE TO NOTICE TO FILE MISSING PARTS  
OF NONPROVISIONAL APPLICATION**

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Missing Parts of Application dated (copy attached), the following are enclosed:

- ☐ Transmittal Form;
- ☒ Fee Transmittal Form;
- ☒ Small Entity Status is claimed;
- ☒ \$65.00 surcharge in response to the Notice to File Missing Parts;
- ☒ \$55.00 for a one month extension of time;
- ☒ Executed Declaration/Power of Attorney;
- ☐ \$ surcharge for originally filing a non-English language application;
- ☐ Verified English language translation of the originally filed non-English application; and

Applicants(s) are also submitting the following:

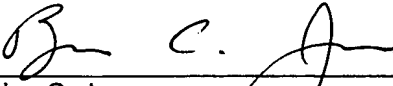
- ☐ Request for Corrected Filing Receipt;
- ☐ An Information Disclosure Statement;
- ☐ Form PTO-1449 and reference(s);
- ☐ Priority Application No. filed ;
- ☐ Executed Assignment with Form PTO-1595; and
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Respectfully submitted,

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Date: August 12, 2004